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Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Express Mail No.: EV 314104732 US
Attorney Docket No.: 2004117-0008
(NEMC 197-DIV)
Date Filed: April 21, 2004

CERTIFICATE OF EXPRESS MAILING

"Express Mail" mailing label number EV 314104732 US

Date of Deposit: April 21, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Kenneth R. Maben

Typed or printed name of person signing

UTILITY PATENT APPLICATION TRANSMITTAL

(for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle) Family Name or Surname Residence

Daniel B.	Carr	935 Hammond Street Chestnut Hill MA 02467
Andrzej W.	Lipkowski	Symfonii Street 4 Apt. 47 Warsaw 02786, Poland
Richard	Kream	22 Parkview Terrace Huntington NY 11743
Aleksandra	Misicka-Kesik	Krasinkiego Street 22 Piastow 05820, Poland

Title of the Invention NOVEL CHIMERIC ANALGESIC PEPTIDES

A) APPLICATION ELEMENTS:

1) **Fee Transmittal Form** (original and duplicate submitted for fee processing)

2) **Applicant Claims Small Entity Status** (see 37 CFR §1.27)

a) _____ Statement Verifying Small Entity Status

3) **Specification** TOTAL PAGES: 31

- Field of the Invention
- Background of the Invention
- Summary of the Invention
- Brief Description of the Drawings
- Detailed Description of the Invention
- Claim(s)
- Abstract of the Invention (1 page)

4) **Drawing(s)** (35 U.S.C. § 113) TOTAL SHEETS: 11

a) ____ Formal Drawings (if checked)

5) **Oath or Declaration** TOTAL PAGES: 4

a) ____ Newly Executed (original or copy)

b) Copy from a prior application (37 C.F.R. § 1.63(d))-for continuation/divisional application **(Note change of Power of Attorney pursuant to Revocation of Powers of Attorney and Appointment of Attorney filed 02/05/2002 in parent application, a copy of which is provided in item 17) c) below)**

c) ____ Unexecuted

6) ____ **Application Data Sheet.** See 37 CFR 1.76.

7) ____ **CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)**

8) ____ **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all are necessary)

a) ____ Computer Readable Form (CRF)

b) ____ Specification Sequence Listing on:

i) ____ CD-ROM or CR-R; or

ii) Paper

- c) Statements verifying identity of above copies
- d) Amendment Introducing Sequence Listing

B) ACCOMPANYING APPLICATION PARTS:

9) **Assignment Papers**

- (a) Copies of Notice of Recordation of Assignment (1 pg), Recordation Sheet (1 pg) and Assignment of Inventor **Daniel B. Carr** to **New England Medical Center Hospitals, Inc.** (2 pp) from parent application;
- (b) Copies of Notice of Recordation of Assignment (1 pg), Recordation Sheet (1 pg) and Assignment of Inventor **Richard Kream** to **New England Medical Center Hospitals, Inc.** (2 pp) from parent application;
- (c) Copies of Notice of Recordation of Assignment (1 pg), Recordation Sheet (1 pg) and Assignment of Inventor **Andrzej W. Lipkowski** to **Medical Research Center of the Polish Academy of Sciences** (2 pp) from parent application;
- (d) Copies of Notice of Recordation of Assignment (1 pg), Recordation Sheet (1 pg) and Assignment of Inventor **Aleksandra Misicka-Kesik** to **Medical Research Center of the Polish Academy of Sciences** (2 pp) from parent application; and
- (e) Copies of Notice of Recordation of Assignment (1 pg), Recordation Sheet (1 pg) and Assignment of **Medical Research Center of the Polish Academy of Sciences** to **New England Medical Center Hospitals, Inc.** (2 pp) from parent application.

10) **37 C.F.R. § 3.73(b) Statement**

11) **Power of Attorney**

12) **English Translation Document** (if applicable)

13) **Information Disclosure Statement (IDS)/PTO-1449** (3 pages)

14) **Statement Filed Pursuant to the Duty of Disclosure
Under 37 CFR §§ 1.56, 1.97 and 1.98** (6 pages)

15) **Copies of IDS Citations**

16) **Return Receipt Postcard (MPEP 503)** (specifically itemized)

16) **Certified Copy of Priority Document(s)** (if foreign priority is claimed)

17) **OTHER:** (if applicable, specified below)

- (a) Preliminary Amendment (7 pages)
- (b) Establishing Right of Assignee to Take Action (2 pages)
- (c) Revocation of Previous Powers of Attorney and Appointment of Attorney under 37 CFR § 3.71 (2 pages)
- (d) Notice Regarding Power of Attorney (2 pages)

C) FOR CONTINUING APPLICATIONS: (the appropriate box is checked, and certain information is provided below and in a preliminary amendment)

CONTINUATION DIVISIONAL CONTINUATION-IN-PART (CIP)

OF PRIOR APPLICATION NO: 09/428,692
FILED: OCTOBER 28, 1999
EXAMINER: LANDSMAN, ROBERT S.
GROUP/ART UNIT: 1647

FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: THE ENTIRE DISCLOSURE OF THE PRIOR APPLICATION, FROM WHICH AN OATH OR DECLARATION IS SUPPLIED AS DETAILED ABOVE, IS CONSIDERED A PART OF THE DISCLOSURE OF THE ACCOMPANYING CONTINUATION OR DIVISIONAL APPLICATION AND IS HEREBY INCORPORATED BY REFERENCE.

D.) PRIORITY CLAIM(S):

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

Application Number	Filing Date	Status
09/428,692	October 28, 1999	Allowed

PCT Applications designating the United States:

Application Number	Filing Date	Status
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This application claims the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

Application Number	Filing Date	Status
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E) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

- Applicant claims small entity status 37 CFR §1.27
- A check is enclosed to cover the filing fees as determined on the fee transmittal enclosed herewith
- The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number 03-1721.

Basic Filing Fee (<u>SMALL</u> Entity)	\$ <u>385.00</u>
Additional Fees:	
Total Number of Claims in excess of 20: <u>(0-20)</u> x \$18	\$ <u>0.00</u>
Number of Independent Claims in excess of 3: <u>(0 - 3)</u> x \$84	\$ <u>0.00</u>
Multiple Dependent Claims (No):	\$ <u>0.00</u>
Total Filing Fee:	<u>\$ 385.00</u>

F) CORRESPONDENCE ADDRESS:

Customer Number: **24280**

Correspondence Address:

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Respectfully Submitted,



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Registration No. 51,908

Date: April 21, 2004

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